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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Viet Nam

Proposed UNFPA assistance: **$24 million, $20 million from regular resources and $4 million from multi-bilateral and/or regular resources**

Programme period: **4 years (1997-2000)**

Cycle of assistance: **Fifth**

Category per decision 96/15: **B**

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	14.0	3.0	17.0
Population & development strategies	2.9	.5	3.4
Advocacy	3.1	.5	3.6
Total	20.0	4.0	24.0

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VIET NAM

Demographic Facts

Population (000) in 1995	74,545
Population (000) in year 2000	82,648
Sex Ratio (/100 females)	97.0
Per cent urban	20.8
Age distribution (%)	
Ages 0-14	37.4
Youth (15-24)	19.9
Ages 60+	7.3
Percentage of women aged 15-49	50.3
Median age (years)	21.2
Population density (/sq.km.)	225
Annual population growth rate (%)	2.06
Urban	3.5
Rural	1.7
Crude birth rate (/1000)	27.9
Crude death rate (/1000	7.0
Net migration rate (/1000)	-0.3
Total fertility rate (woman)	3.51
Life expectancy at birth (years)	
Males	64.9
Females	69.6
Both sexes	67.4
GNP per capita (U.S. dollars, 1994)	200

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from the World Bank, World Development Report, 1996. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(THRESHOLDS)*
Births attended by health professional (%)[1]	95.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	53.0	≥55
Access to basic health services (%)[3]	90.0	≥60
Infant mortality rate (/1000)[4]	42.0	≤50
Maternal mortality rate (/100,000)[5]	120.0	≤100
Gross female enrolment rate at primary level (/100)[6]	91.4	≥75
Adult female literacy rate (%)[7]	88.7	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2000 to assist the Government of Viet Nam achieve its population and development objectives. UNFPA proposes to fund the proposed programme in the amount of $24 million dollars, of which $20 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth programme of assistance in Viet Nam.

2. The proposed programme is based on 1993's national population strategy up to the year 2000; discussions with government officials and representatives of other United Nations organizations, bilateral donors and national and international non-governmental organizations (NGOs); the 1995 Country Strategy Note; the "Directions of the Government of Viet Nam for Cooperation with UNFPA's Fifth Cycle"; national reports prepared for recent international conferences, including the International Conference on Population and Development (ICPD); the 1995 mid-term review of UNFPA's fourth country programme and the findings and recommendations of the programme review and strategy development (PRSD) mission that visited Viet Nam in October 1995.

3. The main aim of the programme is to strengthen national capacity to further integrate reproductive health, including family planning and sexual health, services into the national primary health care system and to ensure the quality of those services so that they respond adequately to client demand and are made available to currently underserved populations. This will be done through enhancing capacity for programme management and service delivery at the provincial, district and commune levels in six selected provinces, and through policy advice and technical assistance at the central level. Gender issues will be mainstreamed into all programme activities.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The Government of Viet Nam is committed to the principles of the ICPD and fully recognizes its population challenges: 57 per cent of the country's population is under 25 years of age, and the density per hectare of cropland reaches 11 persons, the highest in the region. The population is also ageing, and by 2020, 10 per cent of the total will be 60 and over. Since the 1960s, the Government has been concerned about population issues, increasingly so in recent years: Over the last five years the budget for population and family planning activities increased tenfold, new policies were adopted, and an overall population strategy as well as an information, education and communication (IEC) strategy were approved. Donor assistance increased significantly. The national strategy is to attain population stabilization by 2015 by fostering small families through a voluntary programme.

6. The membership of the National Committee for Population and Family Planning (NCPFP), created in 1984 and raised to ministerial status in 1992, includes line ministries, mass organizations

and one non-governmental organization (NGO). Its nationwide network informs people about family planning and mobilizes their support. The Ministry of Health provides an extensive network of health centres that can, if strengthened, provide reproductive health services to a very large proportion of the population. However, in remote areas services are not meeting the needs of the population, mainly ethnic minorities, and reproductive health indicators in these areas are often very poor.

7. Even though per capita income is still quite low, Viet Nam's commitment to the welfare of its people is shown by its performance in such social indicators as female literacy, contraceptive prevalence rates, life expectancy, infant mortality and fertility. This explains why Viet Nam is in category "B" in UNFPA's new scheme for resource allocation. However, national averages hide great differences by region and among different socio-economic and ethnic groups. In addition, Viet Nam is going through a dramatic period of transformation, with signs that the impressive achievements in the health and education sectors are being eroded. There are risks that more vulnerable groups may be further marginalized. Rural-urban migration is increasing. Malnutrition for women and children is a concern, and about 50 per cent of the population is considered poor.

8. Even though Viet Nam has an extensive health network, there are several indications of unmet needs for reproductive health services and of low quality of care: poor use of health services, a decreased proportion of deliveries in health institutions, high maternal mortality (120 per 100,000 live births), great reliance on one contraceptive method (50 per cent of users use the IUD), high use of traditional methods (32 per cent of users), low continuation rates for some methods, high incidence of abortion (40 per cent of pregnancies are terminated), a high level of reproductive tract infections and a rapid rise in the rate of HIV infection. New phenomena like increasing fertility and abortions among unmarried youth are also of concern.

9. Although the Government of Viet Nam is strongly committed to gender equality, as reflected in national legislation and in the provision of social services, the income of women is lower than that of men and their representation in the political arena remains low. There is a cultural preference for sons, but there are no indications of discrimination against girls in terms of health care. However, there is recent evidence to suggest that school enrolment is falling faster for girls than for boys.

Previous UNFPA assistance

10. During UNFPA's fourth country programme, the Fund responded to many of the most basic material needs (contraceptives, equipment, drugs, refresher training, etc.) of the country's population programme, contributing to improving national capacity and the quality of care and fostering a greater understanding of population issues. The Government intends to replicate a number of outputs developed within the UNFPA-supported programme in other parts of the country where the Fund has not been directly involved. However, the key lesson that emerged from the third and fourth country programmes is that a longer commitment is necessary in order to institutionalize changes, ensure sustainability, and consolidate and extend the gains made. This is particularly true given the need to broaden the programme focus under the proposed programme to cover reproductive health needs generally. For this reason, UNFPA is proposing to continue to carry out programme activities in the same provinces as during the fourth cycle.

11. National capacity has been strengthened through training and technical assistance, as well as through genuine national execution of activities, but, in truth, this strengthening has often been done as a way of generating the desired outputs of UNFPA-supported projects rather than as a way to strengthen the institutions per se. This was due in part to the lack of thorough assessment of the management capacity and needs of the institutions involved and of the Government's strategy for human resource development in those institutions. This partly explains why several of the initiatives supported by UNFPA have not yet been fully institutionalized at the national level, and it is a key factor limiting the country's capacity to absorb external population assistance. Limited institutional capacity needs to be recognized as a crucial constraint to Viet Nam's ability to implement and sustain its own comprehensive population and development programme that includes a quality reproductive health programme.

12. Efforts made to address programme-level constraints have not been systematic enough to eliminate them. Critical constraints include a lack of policy guidance; highly centralized and vertical management structures; unclear roles and functions; little coordination among and within institutions; weak capacity in planning, problem-solving, decision-making, monitoring and evaluation; a weak and poorly disseminated information base; and limited capacity for analysis and research and for translating research results into useful policy tools. UNFPA support under the proposed programme will focus on building the institutional capacity to help address these constraints.

13. Until now, most of the attention in UNFPA programmes was given to the needs of the mainstream population, specifically to rural married couples. Not enough has been done to serve the specific needs of sub-populations (ethnic minorities, men and adolescents) or to take account of the regional variations in social indicators. Likewise, while IEC materials have been informative, they have not been adequate in addressing particular misconceptions or ineffectual practices.

Other external assistance

14. Until recently, UNFPA was the major donor in population in Viet Nam, but this has now changed considerably. There are now several external donors operating in the area of population, and, to avoid duplication, the Government has decided to allocate different provinces to different organizations. The World Bank is initiating a national health support project ($100 million) and a population and family health project ($130 million) with the Asian Development Bank and Germany's Kreditanstalt für Wiederaufbau to strengthen the delivery and management of maternal and child health and family planning (MCH/FP) services in 15 provinces as well as to help meet the country's needs for contraceptive. The German Gesellschaft für Technische Zusammenarbeit supports a family health project ($6 million) in selected districts of five provinces. The Australian Agency for International Development is planning to support women's and family health ($15 million) in selected districts of an additional five provinces. The Swedish International Development Cooperation Authority has a comprehensive programme with the Ministry of Health. Japan has been providing extensive support to the health sector, as well as multi-bilateral support to UNFPA activities, which have also been supported by Australia, Belgium, France and Sweden. UNICEF is active in MCH in many districts throughout the country, and UNAIDS has just started activities. Several international

NGOs, including Pathfinder International, The Population Council, DKT International and the International Planned Parenthood Federation are now working in Viet Nam.

15. Given this high level of support from other donors, UNFPA's activities are designed to complement these other programmes. Other donors typically support MCH/FP programmes at the provincial level while their activities at the central level are limited. UNFPA's role at the central level, in terms of integrating reproductive health into MCH/FP activities, advocacy, and population and development strategies, will therefore be of great strategic importance. UNFPA can play an important role not only in providing direct support to meet some of the basic needs of Viet Nam's population programmes but also in serving a catalytic role in introducing new approaches that the Government can expand upon, either on its own or in cooperation with other international partners. Thus, while UNFPA's proposed support for reproductive health activities is modest in comparison with new donors in the sector, the Fund can help the Government, in a comprehensive and systematic manner, to make the reproductive health approach fully operational throughout the health system.

Proposed programme

16. Reproductive health. UNFPA would support an integrated reproductive health programme in each of the districts and communes of six selected provinces as well as provide strategic support at the provincial and central levels. Ongoing activities at the commune level, which will receive the largest share of UNFPA financial resources, will be strengthened to improve the quality of services and to integrate reproductive health components into MCH/FP services. Ongoing support would also be provided for IEC activities in support of reproductive health, designed to promote social mobilization and community participation. The Fund's partnership with various Vietnamese mass organizations will be important in carrying out such activities. Assistance at the district level would serve to improve supervisory and technical capacity so that the districts can better carry out their role as first referral centres. Assistance at the provincial level will focus on improving planning and management capacities.

17. In order to sustain the progress that has already been made, UNFPA would continue to provide assistance to five out of the seven provinces supported during the fourth country programme: Yen Bai, Thai Binh, Quang Nam Da Nang, Khanh Hoa and Song Be. The other two provinces will be supported by the World Bank. In addition, UNFPA will start work in Ha Giang, a remote province that is not receiving significant donor support. Ha Giang is one of the country's underserved areas, with poor socio-economic and demographic indicators, and a relatively large proportion of ethnic minorities. The intention is to make these provinces strong centres of quality reproductive health services, which will pave the way for other provinces to replicate their positive lessons.

18. At the central level, the aim of the programme will be strengthen the capacity of key ministries in using analytical and technical tools in formulating policy and to manage the national population programme. This will mean, inter alia, helping to shift from a quantity to a quality approach and to identify ways to improve and integrate existing reproductive health services. In the six provinces where the Fund will concentrate its activities, UNFPA will work to build capacity to implement new

policies and procedures developed at the central level. Selected inputs, such as equipment and drugs, will be provided to improve reproductive health services at the grass-roots level.

19. UNFPA will support the Government in updating the national population IEC strategy so that the messages being disseminated encompass the entire gamut of reproductive health issues, that messages and approaches are refined and appropriately segmented to better respond to particular misinformation and ineffectual practices, to regional realities, and to specific sub-populations.

20. Population and development strategies. UNFPA will provide only limited assistance in the area of population and development strategies. This support will focus on strengthening the national capacity to address such emerging population and development policy issues as ageing, rural-urban migration, gender economic disparity, and population and the environment. In order to strengthen key weaknesses in research it is proposed to strengthen the capacity to carry out policy-relevant research, as well as multi-disciplinary research, with an emphasis on gender issues and to further improve the quality of data collection and data dissemination. Training capacity in gender issues, management and strategic planning, monitoring and evaluation, and analysis and policy formulation will be developed for managers, planners and policy-makers in the six selected provinces as well as at the central level.

21. Advocacy. Intensive advocacy efforts will focus on the relationships between the individual, families and the overall welfare of the community; the need for gender equity and equality, including improving the status of women in the workplace; the importance of reproductive health and rights for women and adolescents; the advantages of girls' education; and the responsibilities of men and their family roles. Activities will aim at enlisting support from leaders and communities and at linking with the multisectoral programmes and projects of the Government and other donors and at supporting the emerging NGOs in the population and development sector.

Implementation, monitoring and evaluation

22. In line with the Government's efforts at decentralization, and in collaboration with the central level, the provincial authorities will have increased responsibility in the planning, management and implementation of project activities in the six provinces. While the overall responsibility of the programme management will be assumed by the Government, its implementation will be monitored in accordance with UNFPA guidelines. Monitoring and evaluation criteria, including the establishment of baseline data and qualitative and quantitative indicators, will be built into all projects, including the monitoring of the improvement of the quality of care and of the mainstreaming of gender issues. A mid-term review will be held in late 1998.

23. To the extent possible, the programme, under the direction of the UNFPA Representative, will encourage and reinforce national execution. It will also make full use of available and appropriate national capacity, including NGOs, complemented by the UNFPA technical support services system, in particular the Country Support Team (CST) in Bangkok, Thailand, as well as other regional and international sources of long- and short-term technical assistance.

Recommendation

24. The Executive Director recommends that the Executive Board approve the programme of assistance for Viet Nam as presented, in the amount of $24 million over the period 1997-2000, $20 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $4 million would be sought from multi-bilateral resources and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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